

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43556

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. 144   |  | PRIMARY REG. DIST. NO. 4234  |  | Registrar's No. 4   |  |
| 1. PLACE OF DEATH<br>a. COUNTY IRON  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission.)<br>a. STATE Missouri b. COUNTY MADISON |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN IRONTON   |  | c. LENGTH OF STAY (In this place) one day  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - St MICHAEL 0620                           |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's of the Ozarks Hosp  |  |  |  | d. STREET ADDRESS (If rural, give location) Route 3, Fredericktown, Mo.  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) HENRY   |  | a. (First)   |  | b. (Middle)  |  | c. (Last) REHKOP  |  |
| 4. DATE OF DEATH DEC. 26, 1950   |  | (Month) (Day) (Year)   |  |  |  |   |  |
| 5. SEX MALE  |  | 6. COLOR OR RACE WHITE   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2   |  | 8. DATE OF BIRTH June 9, 1893   |  |
| 9. AGE (In years last birthday) 57   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LEAD MINER  |  | 10b. KIND OF BUSINESS OR INDUSTRY NONE   |  | 11. BIRTHPLACE (State or foreign country) Bonne Terre, Mo. U          |  |
| 12. CITIZEN OF WHAT COUNTRY? U.S.  |  | 13a. FATHER'S NAME George H. REHKOP  |  | 13b. MOTHER'S MAIDEN NAME Josie Cole   |  | 14. NAME OF HUSBAND OR WIFE NANCY L. REHKOP                           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO   |  | 16. SOCIAL SECURITY NO. 493-03-9010  |  | 17. INFORMANT'S SIGNATURE OR NAME Leon D. REHKOP, Fredericktown, Mo.   |  | ADDRESS   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) terminal bronchial pneumonia<br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) acute bronchial asthma<br>DUE TO (c) Myocarditis<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>19a. DATE OF OPERATION<br>19b. MAJOR FINDINGS OF OPERATION<br>20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br>1 day<br>?<br>?  |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from 12-24, 1950, to 12-26, 1950, that I last saw the deceased alive on 12-26, 1950, and that death occurred at 1:00 A.M., from the causes and on the date stated above.   |  |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) R. E. Jarland, M.D.   |  |  |  | 23b. ADDRESS Ironton, Mo   |  | 23c. DATE SIGNED 12-28-50   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL   |  | 24b. DATE 12-28-50   |  | 24c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park Cem.   |  | 24d. LOCATION (City, town, or county) (State) Madison County Missouri |  |
| DATE REC'D BY LOCAL REG. Jan 12, 1951  |  | REGISTRAR'S SIGNATURE Mrs. Aris Jones 128  |  | 25. FUNERAL DIRECTOR'S SIGNATURE Sam Lajin, Jr., Fredericktown, Mo.  |  | ADDRESS   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 15 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*William B. O'Connor*

Licensed Embalmer No. *3975*

P. O. Address *Fredericktown Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.